M-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below. U.S. Department of Justice PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" COURT CASE NUMBER PLAINTIE 18-03821 United States of America TYPE OF PROCESS DEFENDANT ANNA M. KLASE **Posting** NAME OF INDIVIDUAL, COMPLANY, DORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ANNA M. KLASE SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 3742 Pricetown Road Fleetwood, PA 19522 SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 KML Law Group, P.C. Number of parties to be 701 Market St. served in this case Suite 5000 Check for service Philadelphia, PA 19106 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service) Please post premises by 5/1/2021. TELEPHONE NUMBER DATE **☑** PLAINTIFF Signature of Attorney other Originator requesting service behalf of 215-627-1322 3/30/21 □ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE District of District to USMS Deputy of Clerk Daze I acknowledge receipt for the total Total Process Signature of Ap Onen Serve muniter of process indicated. Gigs only for USM 255 if more than one USM 255 is submitted, I hereby certify and return that I 🗔 have personally served . 🦲 have legal evidence of service, 🔀 have executed as sh own in "Remarks", the process described on the individual company, corporation, etc., at the address shown above on the on the individual company, corporation, etc., at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remark: below) Name and title of individual served of not shown above, A person of suitable age and discretion then residing in defendant's usual place of abode Date Address (complete only different then shown above) DIT DIT Signature of Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U including endem ors, (Amount of Refund \$0.00 REMARKS 24 miles RT

PRINT'S COPIES: 1. CL

1. CLERK OF THE COURT

USMS RECORD

3 NOTICE OF SERVICE

4 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12-30